

28 SEP 2006

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/500250

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		2		1		1
4		0		1		1
5		0		1		1
6		0		1		1
7		0		1		1
8		0		1		1
9		0		1		1
10		0		1		1
11		0		1		1
12		0		1		1
13		0		1		1
14		0		1		1
15		0		1		1
16		0		1		1
17		0		1		1
18		0		1		1
19		0		1		1
20		0		1		1
21		0		1		1
22		0		1		1
23		0		1		1
24		0		1		1
25		0		1		1
26		0		1		1
27		0		1		1
28		0		1		1
29		0		1		1
30		0		1		1
31		0		1		1
32		0		1		1
33		0		1		1
34		0		1		1
35		0		1		1
36		0		1		1
37		0		1		1
38		0		1		1
39		0		1		1
40	1		1		1	
41		1		1		1
42		2		1		2
43		2		1		2
44		2		1		2
45		0		1		1
46		0		1		1
47		0		1		1
48		0		1		1
49		0		1		1
50		0		1		1
TOTAL IND.		3	3		3	
TOTAL DEP.		80	72		75	
TOTAL CLAIMS		83	75		78	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		0
52		0		1		1
53		0		1		1
54		0		1		1
55		0		1		1
56		0		1		1
57		0		1		1
58		0		1		1
59		0		1		1
60		0		1		1
61		0		1		1
62		0		1		1
63		0		1		1
64		0		1		1
65		0		1		1
66		0		1		1
67		0		1		1
68		0		1		1
69		0		1		1
70		0		1		1
71		0		1		1
72		0		1		1
73		0		1		1
74		0		1		1
75		0		1		1
76		0		1		1
77		0		1		1
78		0		1		1
79		0		1		1
80						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY